

Please type a plus sign (+) inside this box → ☐

PTO/SE/05 (12/97)
Approved for use through 03/30/00. OMB 0551-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	49169-02	Total Pages	
	First Named Inventor or Application Identifier			
	QUEISSER et al.			
Express Mail Label No.				

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
---	--

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages: 31] (preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the invention- Brief Summary of the invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>3. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets:]</p> <p>4. Oath or Declaration [Total Pages: 4]</p> <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]c. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). <p>5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>	<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies
--	---

ACCOMPANYING APPLICATION PARTS	
8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney	
10. <input type="checkbox"/> English Translation Document (if applicable)	
11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
12. <input checked="" type="checkbox"/> Preliminary Amendment	
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
14. <input type="checkbox"/> Small Entity Statement filed in prior application. <input type="checkbox"/> Status still proper and desired	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input type="checkbox"/> Other: _____	

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No: 09/719, 975

18. Customer Number ADDRESS

☒ Customer Number or Bar Code Label: 26474 or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

NAME	Herbert B. Keil		
ADDRESS	KEIL & WEINKAUF 1350 Connecticut Avenue, N.W. Washington, D.C. 20036		
CITY	STATE	ZIP CODE	
COUNTRY	USA	TELEPHONE	202-659-0100
		FAX	202-659-0105

Burden Time Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

The filing fee has been calculated as shown below:

For:	Number Filed	Number Extra	Small/Large Entity	Basic Fee \$385/\$770
Basic Fee				\$ 770.00
Total Claims:	2	-20=	x \$9/\$18	=
Indep. Claims:	2	-3=	x \$43/\$86	=
[] Multiple Dependent Claim(s) presented: \$145/\$290				=
[] Non-English specification fee: \$130				=
[X] A check is enclosed for the filing fee.				\$ 770.00

[X] A check for \$ 770.00 for the above fees is enclosed.

[X] Authorization is hereby given to charge any deficiency in fees, including any extension fees, during the prosecution of this application and for the present filing, to Dep. Acct. 11-0345.

Oct. 23, 03

Date

Herbert B. Keil

Herbert B. Keil

Reg. No. 18,967

HBK/kas

1350 Connecticut Ave., N.W.
Washington, D.C. 20036
(202) 659-0100